Manitoba

Manitoba Health

Statistical Update: HIV and AIDS

Report to December 31, 2009

Public Health Planning

Public Health and
Primary Health Care Division

MANITOBA HEALTH STATISTICAL UPDATE: HIV and AIDS to December 31, 2009

INTRODUCTION

This report is intended to provide surveillance (statistical) information about HIV and AIDS cases in Manitoba. This includes new cases of HIV and AIDS in Manitoba reported to the Public Health Surveillance Unit of Manitoba Health up to December 31, 2009. This report is focused on information for 2009, with comparisons to the previous ten-year period (1999-2008). Presentation of HIV data in the body of the report includes a distribution of new HIV cases by: Age and Sex, Geographic Region, Ethnicity, and Risk Exposure Category (Primary Mode of Transmission). The historical statistical data tables are also included in the appendices at the end of this report, with surveillance data for both 2008 and 2009.

The analysis of AIDS data is limited due to the small number of cases reported in recent years, however statistical data tables are presented in the appendices.

Notes Regarding the Interpretation of HIV Data

- Changes in the number of HIV positive individuals as well as observed trends must be interpreted with caution. There are a number of factors which may contribute to these changes.
- The number of new HIV cases may not be a reflection of the true number of new HIV infections per year (i.e. incidence) in the Manitoba population. Although every effort is made to ensure that all reported cases are confirmed as new cases in Manitoba, it is possible that some repeat cases will exist in this dataset. It is possible for an individual to be tested with a non-nominal identifier and use nominal testing for a subsequent test. In this case, we can only link results with client consent. In addition, cases that have tested positive in another province or country are also reported to the Public Health Surveillance system as new cases to Manitoba.
- Information about ethnicity and risk exposure categories are self-reported by the case following interview with their health care provider or a public health nurse. This can be subject to bias leading to possible under-reporting (or alternatively, over-reporting) of factors which may differ from year-to-year. There have also been challenges in obtaining completed case investigation reports in recent years.
- The categories of risk exposures presented in this report reflect the most likely mode of transmission of HIV for a new HIV case. Although more than one risk factor or exposure may be reported through the case investigation form, individuals are assigned to a "Primary Mode of Transmission" category based upon a pre-determined hierarchy. For simplicity, the term "Risk Exposure Category" is equivalent to "Primary Mode of Transmission" in this report. Further information can be found in the Technical Notes (Appendix A).

Data Highlights for 2009

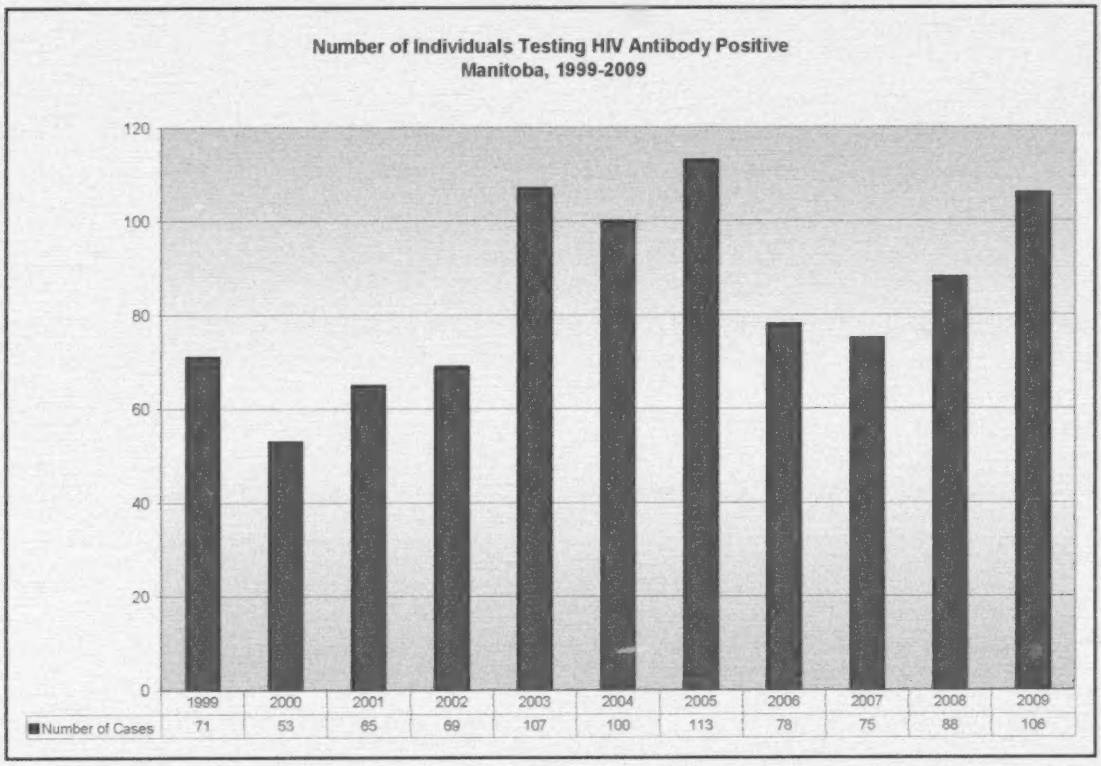
- There were 106 newly positive HIV cases reported in 2009, compared to 88 new HIV cases reported in 2008.
- Female cases comprised 45% of new HIV cases in 2009; the largest percentage of female cases reported in one year, to date.
- The majority (82%) of HIV cases were residents of the Winnipeg RHA at the time of testing and diagnosis.
- The three main Ethnicity categories reported were: Aboriginal (this includes First Nations, Inuit and Métis), accounting for 27%; followed by Caucasian, 19%, and African/ African-American, 18%. It should be noted that there was a large number of unknown or missing information for ethnicity in 2009.[1]
- The three main Risk Exposure Categories (Primary Mode of Transmission) noted in HIV cases reported in 2009 were: Heterosexual contact (which accounted for 30% of cases), Men who have sex with men (MSM) - without evidence of IDU- (15%) and Endemic (14%).
- There were two (2) AIDS cases reported in 2009 compared to six (6) AIDS cases reported in 2008.

[1] It should be noted that these reported percentages should be interpreted with caution as there has been an increase in the number of case reports either missing or incomplete for both ethnicity and risk factor information in 2009.

Number of New HIV Cases

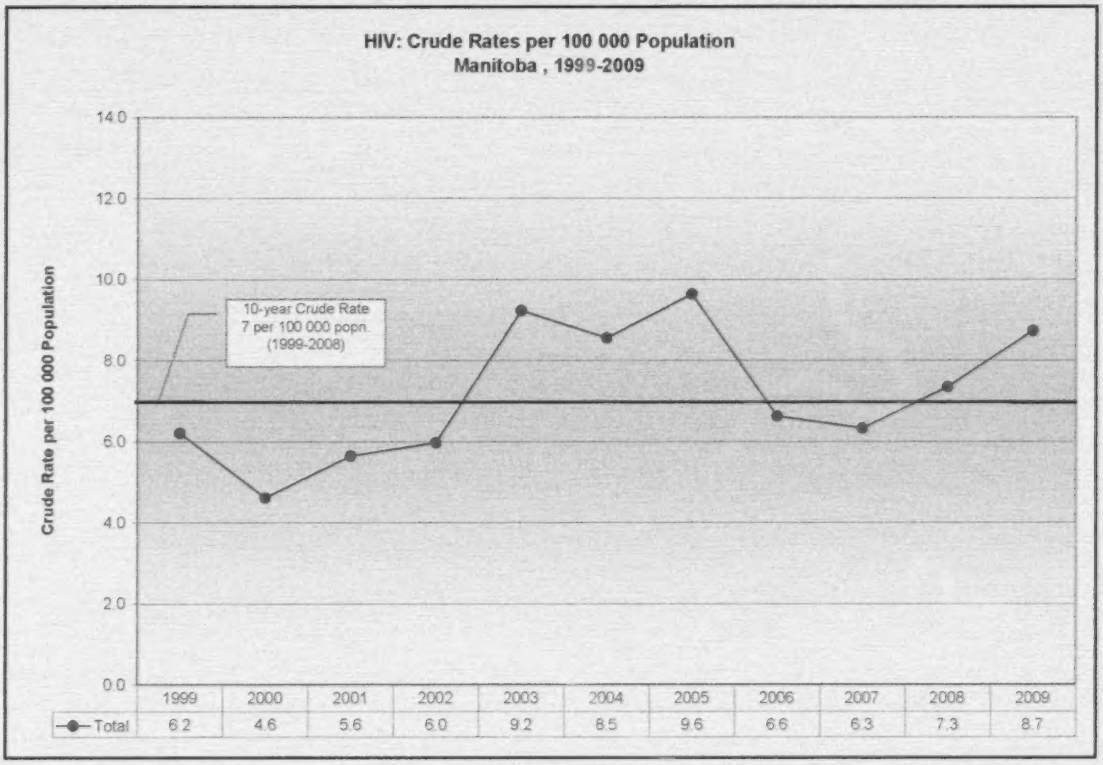
Between January 1, 2009 and December 31, 2009, 106 newly diagnosed cases of HIV were reported in Manitoba based upon a laboratory-positive HIV antibody test. There were 58 male cases and 48 female cases. The number of cases reported annually is variable over the previous ten years of reporting (1999-2008). All positive HIV antibody cases that were newly reported to the Manitoba Health Public Health Surveillance System are included in annual totals (see Appendix A for further information about reporting of HIV in Manitoba). It should be noted that 20 of the 106 newly reported HIV cases indicated that they had tested positive for HIV in another province or country.

Figure 1: Annual Number of New Cases of HIV by Positive HIV Antibody Test, Manitoba, 1999-2009



The crude rates of new HIV for the years 1999 to 2009 are provided in Figure 2. The figure shows the variability of the rates of new HIV cases reported in Manitoba over the previous ten years.

Figure 2: Annual Crude Rate of New Cases of HIV by Positive HIV Antibody Test, Manitoba, 1999-2009



At 8.7 cases per 100 000 population, the crude rate for 2009 is higher than the ten-year (average) crude rate reported for 1999-2008 (7 per 100 000). Over the previous ten years, the crude rates range from a low of 4.6 per 100 000 population in 2000 to a high of 9.6 per 100 000 in 2005.

Age-Sex Distribution of HIV Cases

Figures 3 and 4 compare the age-sex distribution of HIV cases reported in 2009 to that of the previous ten years.

Figure 3: Number of HIV Cases by Age and Sex, Manitoba, 2009

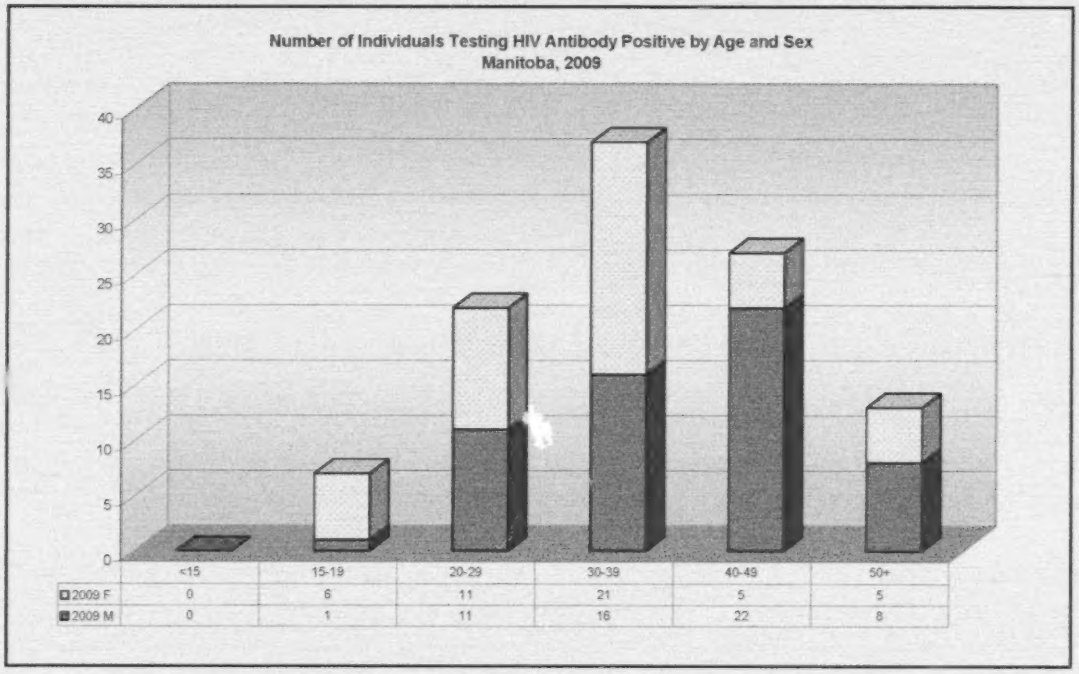
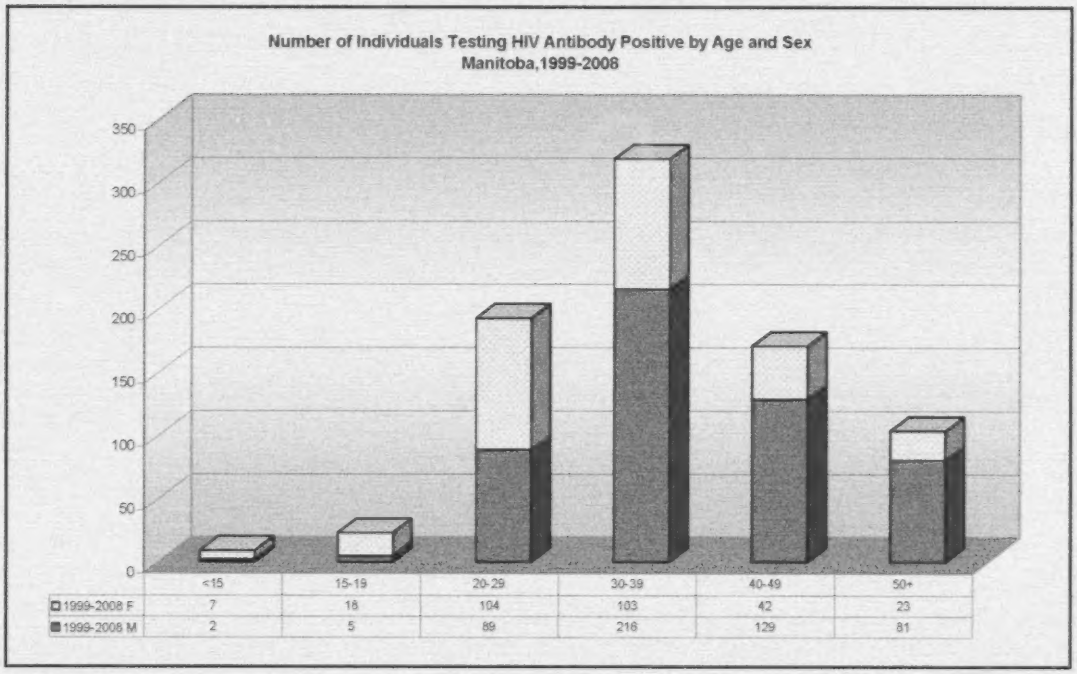


Figure 4: Number of HIV Cases by Age and Sex, Manitoba, 1999-2008



In 2009, the largest proportion of new HIV cases was found in the 30-39 year age group (both sexes combined); accounting for 35% of cases (37 of the 106 cases). Among female cases, the 30-39 year age group accounted for the largest proportion of female cases (21 of the 48 cases, or 41%); female cases also outnumber male cases in this age group. Of the male cases, the 40-49 year age group accounted for the largest proportion of male cases (22 of the 58 cases, or 38%). A greater number of male cases are found in this age group compared to the number of female cases.

Between 1999 and 2008, the largest proportion of HIV cases was found in the 30-39 year age group (both sexes combined); accounting for 38% of cases reported in this period (319 of the 829 cases). Among female cases, the 20-29 and 30-39 year age groups, each accounted for the largest proportion of female cases -each with approximately 35% of the total number of female cases (i.e. 104 and 103 cases, respectively, of the 297 female cases). Of the male cases, the 30-39 year age group accounted for the largest proportion of male cases (41% or 216 of the 522 cases).

Also of note in the 1999-2008 period is the number of male cases was greater than that of female cases, in the 30-39, 40-49 and 50-and-older age groups. However, the number of female cases was greater than that of male cases in the younger age groups (under 15, 15-19, and 20-29 year age groups).

In 2009, female HIV cases comprised 45% of the 106 cases; this is the largest proportion of female cases reported in one year compared to that of previous years. The proportion of female cases, although variable, has increased over the past ten years (see Figure 5).

Figure 5: Proportion of Female HIV Cases by Year, Manitoba, 1999-2009

Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Percent Female of Total Number of Cases	28.2%	32.1%	40.0%	40.6%	36.4%	39.0%	34.8%	37.2%	32.0%	39.8%	45.3%

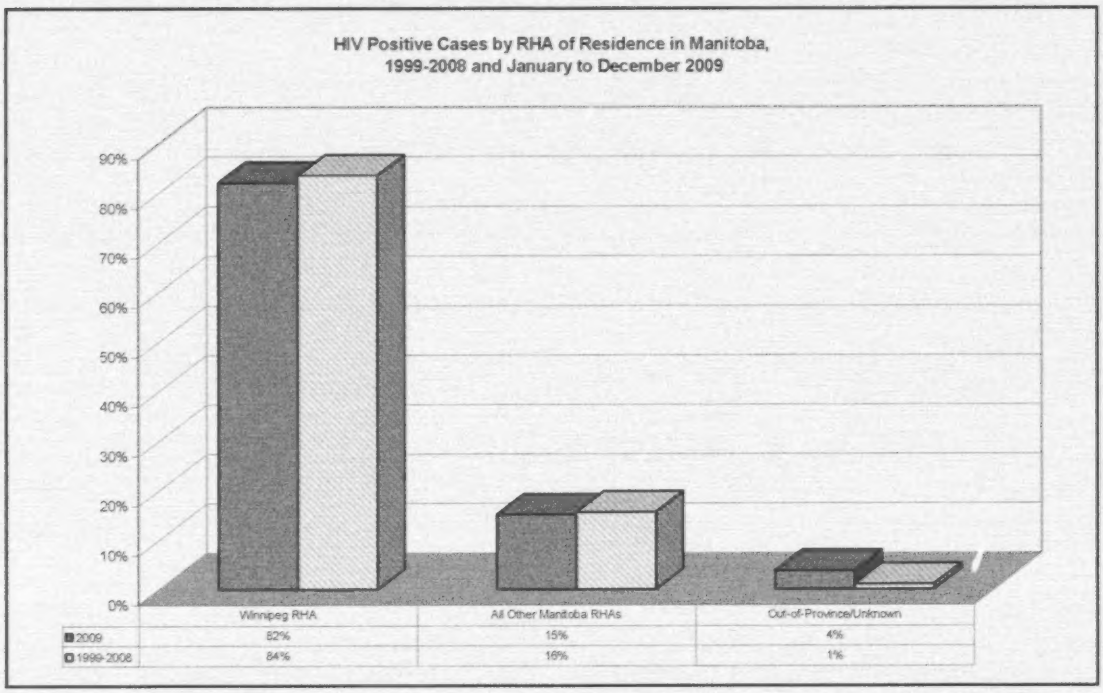
Geographic Region of Residence

In 2009, the majority of new HIV cases were residents of the Winnipeg RHA at the time of testing (87 of the 106 cases, or 82%). Fifteen per cent (15%) of new HIV cases were reported as Manitoba residents from RHAs outside of Winnipeg, in 2009. The remaining 4% were out-of-province residents or did not provide this information.

The geographic distribution of HIV cases in 2009 is similar to that of the previous ten-year period (1999-2008).

A detailed data table with RHA-specific information is provided in Appendix C.

Figure 6: Proportion of HIV Cases by Region of Residence (RHA), Manitoba, 1999-2008 compared to 2009

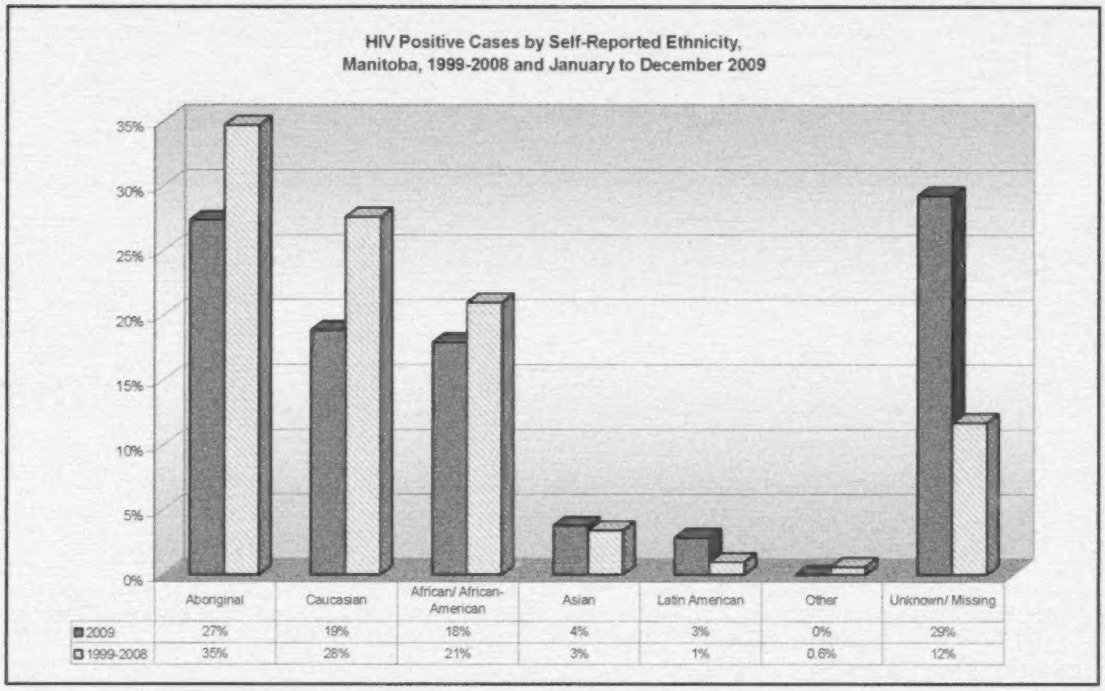


Self-Reported Ethnicity

In 2009, 27% of new HIV cases reported ethnicity as Aboriginal; this includes First Nations, Inuit, and Métis, as reported by the individual. Nineteen per cent (19%) of HIV cases reported Caucasian and 18% African/African-American (this includes Haitian and other Caribbean) ethnicities.

Between 1999 and 2008, HIV cases self-reported ethnicity as Aboriginal (35%), Caucasian (28%) and African/African-American (21%).

Figure 7: Distribution of Self-Reported Ethnicity Categories, Manitoba 1999-2008 compared to 2009



	Aboriginal	Caucasian	African/ African-American	Asian	Latin American	Other	Unknown/ Missing
2009	27%	19%	18%	4%	3%	0%	29%
1999-2008	35%	28%	21%	3%	1%	0.6%	12%

Ethnicity data should be interpreted with caution particularly with comparisons to previous years due to the larger proportion of Unknown/ Missing ethnicity information (29%) in 2009. Missing information creates a data limitation and it is difficult to determine if the proportions shown in the 2009 data reflect true changes. The proportions provided are based upon the total number of HIV positive cases in Manitoba for 2009 (n=106) and has not been adjusted to reflect the missing information.

Risk Exposure Categories: Primary Mode of Transmission

The categories of risk exposures presented in this report reflect the most likely mode of transmission of HIV for a new HIV case. Although more than one risk factor or exposure may be reported through the case investigation form, individuals are assigned to a "Primary Mode of Transmission" category based upon a hierarchy, which has been used by Manitoba Health since 2002 (Figure 8). For simplicity, the term Risk Exposure Category is equivalent to "Primary Mode of Transmission" in this report. Note that the abbreviations used are defined in Appendix A (p.15).

Figure 8: Manitoba Primary Mode of Transmission Hierarchy[2]

Males	Females
1. MSM/IDU	1. IDU
2. MSM	2. Endemic
3. IDU	3. Recipient of Blood/ Blood Products prior to 1985
4. Endemic	4. Heterosexual
5. Recipient of Blood/ Blood Products prior to 1985	5. Occupational
6. Heterosexual Contact	6. Perinatal
7. Occupational	7. No identifiable Risk (NIR)
8. Perinatal	
9. No identifiable Risk (NIR)	

No identifiable risk (NIR) is the category assigned to a case when no risk factor information is available from the case report form (including when the case report form was not completed). Challenges in obtaining completed case reports have been noted in 2009. Therefore, risk exposure category information presented for 2009 should be interpreted with caution particularly with comparisons to previous years due to the larger proportion of Unknown/ Missing information (34%). Missing information creates a data limitation and it is difficult to determine if the distribution of risk exposure categories (in terms of percentages of total number of cases) shown in the 2009 data reflect true changes. It should be noted that the information presented below is based upon the total number of HIV positive cases (for each sex) in 2009 and has not been adjusted to reflect this missing information.

Due to the difference in the assignment of risk exposure categories between male and female cases, a gender-based analysis is presented for 2009 data. A comparison of two decades of HIV data: 1990-1999 and 2000-2009 has also been included. This analysis provides some stability in the numbers of cases for risk exposure categories that typically have lower numbers of cases annually, and is a departure from reports of previous years.

[2] Definitions of Primary Mode of Transmission categories and list of abbreviations are provided in Appendix A.

Risk Exposure Categories: Female HIV Cases

In 2009, Heterosexual Contact was the predominant primary exposure category among female HIV cases (17 of 48 cases, or 35%); this is followed by the Endemic category accounting for 23% (11 of 48 cases). It should be noted that the Endemic category includes the following risk factors: birth in an HIV-endemic country, sexual contact with a person from an HIV endemic country, and Injection Drug Use (IDU) within an HIV-endemic country.

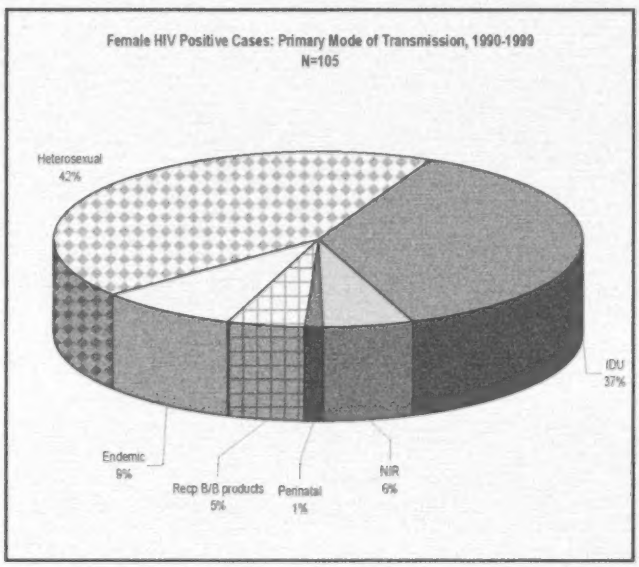
Figure 9: Female HIV Cases by Risk Exposure Category (Primary Mode of Transmission), Manitoba, 2009

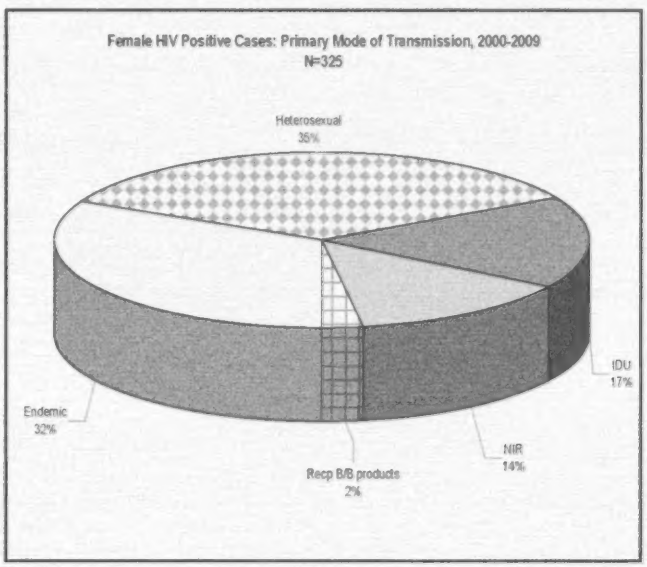
Category	Number of Cases	Per cent of Total (N=48)
Heterosexual	17	35%
Endemic	11	23%
IDU	3	6%
Recp B/B products	1	2%
NIR	16	33%

Changes Over Time (Female Cases)

Between 1990-1999 and 2000-2009, heterosexual contact was the predominant primary risk exposure category in both decades, but has decreased in terms of percentage, from 42% to 35% of female cases (in 1990-1999 and 2000-2009, respectively). The most notable change was the Endemic risk exposure category, which increased from 9% to 32% between the two decades. The risk exposure category of IDU has decreased from 38% to 17%. Recipients of Blood or Blood products accounted for a small proportion of female HIV cases in both decades; this decreased from 5% to 2% (of female HIV cases).

Figure 10: Risk Exposure Categories- Primary Mode of Transmission for HIV Positive Female Cases Manitoba, 1990-1999 and 2000-2009





Risk Exposure Categories: Male HIV Cases

In 2009, MSM (without evidence of IDU) was the predominant primary risk exposure category (16 of 58 cases, or 28%); this is followed by Heterosexual contact (15 of 58 cases, or 26%). Endemic as a risk exposure category, accounted for only 3 cases or 5%; this is much lower percentage compared to that for females, however, the hierarchal assignment of risk exposure category should be considered.

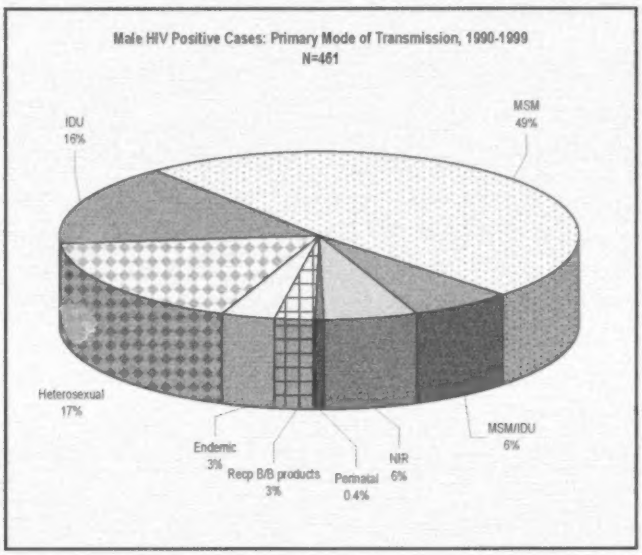
Figure 11: Male HIV Cases by Risk Exposure Categories, Manitoba, 2009

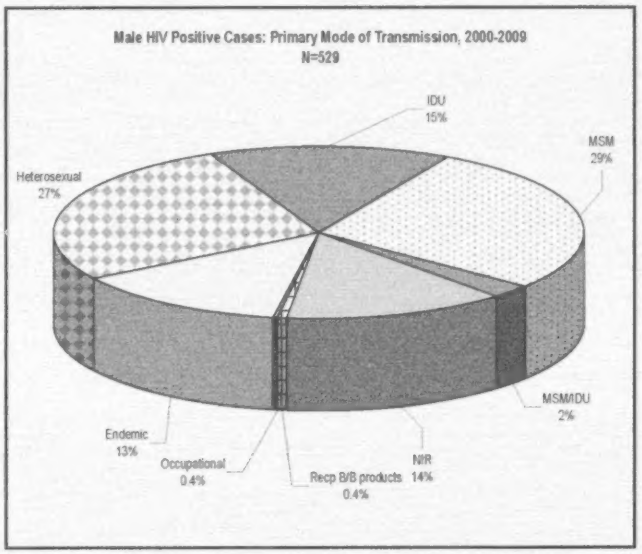
Category	Number of Cases	Per cent of Total (N=58)
MSM	16	28%
MSM/IDU	2	3%
Heterosexual	15	26%
Endemic	3	5%
IDU	2	3%
Recp B/B products	0	0%
NIR	20	34%

Changes Over Time (Male Cases)

Between 1990-1999 and 2000-2009, the proportion of MSM (without evidence of IDU) decreased from 49% to 29% of all male HIV cases (in each time period). Heterosexual contact as an exposure category, increased from 17% to 27%. There was also an increase in the proportion of Endemic, from 3% to 13%. Recipients of Blood or blood products accounted for a small proportion of male HIV cases; risk exposure category has decreased from 3% to 0.4%.

Figure 12: Risk Exposure Categories- Primary Mode of Transmission for HIV Positive Male Cases, Manitoba, 1990-1999 and 2000-2009





AIDS – January 1, 1985 to December 31, 2009

This report describes AIDS cases based on year of diagnosis of their first AIDS defining illness and this may not be the same as the year that the case was reported to Manitoba Health Public Health Surveillance Unit.

In 2009, **2 new cases** of AIDS were identified; these two cases were male and older than 40 years of age at time of diagnosis.

These case reports bring the total number of AIDS cases to **277** since 1985. The number of reported AIDS cases has declined somewhat over recent years, due in part to early diagnosis and improved treatment of individuals with HIV infection. Seventy-two percent (72%) of the 277 individuals reported with AIDS have died; however, delays in reporting of both cases and deaths make it difficult to determine the actual incidence and mortality rates.

Further description of AIDS cases can be found in Appendix D.

APPENDIX A

Technical Notes

Reporting of HIV and AIDS in Manitoba

All confirmatory HIV antibody testing in Manitoba is carried out at Cadham Provincial Laboratory (CPL). Positive HIV antibody test results are subsequently reported to the Chief Provincial Public Health Officer as required by the *Reporting of Diseases and Conditions Regulations, Public Health Act*. Upon receipt of this lab report, the Surveillance Unit of the Public Health Surveillance and Information Systems Branch will send the *HIV Case Investigation Form for Nominal & Non-Nominal Positive Cases form (see Appendix B)* to the ordering healthcare provider for completion and verification of a new or existing case. It has been the practice of the Surveillance Unit to enter case investigation information into the provincial HIV Database after the healthcare provider (requesting the test) has verified the test result as a new or existing case. However, there have been delays in the completion of and return of the above mentioned form. Consequently, all HIV positive test results are considered new cases unless otherwise advised by the appropriate health care professional. This practice will avoid the underreporting of HIV in Manitoba, although, duplicate cases may be included if individuals test non-nominally and then test again nominally.

In Manitoba, the expansion of HIV antibody testing occurred on January 1, 2007 and November 1, 2007 with the introduction of nominal and anonymous testing, respectively, in addition to the existing non-nominal testing option. Expansion of testing options in the province reflects the importance of early detection and demonstrates Manitoba's commitment to reducing the spread of HIV. Information on the three testing methods can be found in the Communicable Disease Management Protocol for HIV/AIDS (http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html).

It should be noted that nominal testing has steadily increased since its introduction and in 2009, 87% of newly reported HIV positive cases tested nominally. It is possible for individuals to test with a non-nominal code and to have a subsequent test using different codes or by name. With the introduction of nominal testing, it has been increasingly difficult to reconcile new cases and repeat tests.

AIDS cases and deaths are also reportable by physicians. New AIDS cases and deaths are reported to the Chief Provincial Public Health Officer as required by the *Reporting of Diseases and Conditions Regulations, Public Health Act*. The national *HIV/AIDS Case Report Form* is used in Manitoba for this purpose.

Twice a year, provincial HIV and AIDS case data is reported to the Centre for Communicable Disease and Infection Control, Public Health Agency of Canada for inclusion within the national report, *HIV and AIDS in Canada*. The variations seen from previous provincial and national reports with respect to the number of HIV and AIDS cases and deaths may be accounted for by delays in reporting as well as continuous update of information in the Manitoba databases. The dataset used in this report was reported to PHAC in spring, 2010.

Definitions Related to Risk Exposure Categories

Term	Definitions
Endemic	Includes persons originating from or having traveled from or resided in an HIV-endemic country. An HIV-Endemic country is defined as a country with "an adult prevalence (ages 15-49 years) of HIV is 1.0% or greater and one of the following: 50% or more of HIV cases attributed to heterosexual transmission; a male to female ratio of 2:1 or less; or HIV prevalence greater than or equal to 2% among women receiving prenatal care." Source: Public Health Agency Canada. *HIV and AIDS in Canada. Surveillance Report to December 31, 2008.* Surveillance and Risk Assessment Division, Centre for Communicable Diseases and infection Control, Public Health Agency of Canada, 2009.
Heterosexual Contact	Includes individuals reporting heterosexual activity with person(s) who is HIV positive or is at increased risk of HIV infection.
IDU	Individuals who report any Injection Drug Use.
MSM/IDU	Men who have sex with men AND indicate injection drug use (IDU).
MSM	Men who have sex with men (without report of IDU).
No Identifiable Risk	No identifiable risk (NIR) is the category assigned to a case when either no risk factor information is identified or available from the case report form, or if the case report form was not completed. Includes in the process of follow-up or lost-to-follow-up.
Perinatal	Mother-to-child transmission. Typically, this information is reported by specialist physicians directly to PHAC through the sentinel surveillance system: Canadian Perinatal HIV Surveillance System.
Recipient of Blood/ Blood Products prior to 1985	Individual indicates that he/she received blood or blood products prior to 1985.
Occupational	Examples of occupational include: needle stick injury, exposure to blood or bodily fluids in an occupational environment.

Abbreviations

HIV	Human Immunodeficiency Virus
IDU	Injection drug use
MSM	Men who have sex with men
NIR	No identifiable risk
Recp B/B products	Recipient of blood or blood products prior to 1985

Appendix B

CDC Case ID Number _____ Case Lab Req Number _____

Manitoba Health and Healthy Living
HIV Case Investigation Form for Nominal & Non-Nominal Positive Cases Manitoba

Specimen Collection Date (YYYY/MM/DD) _____ ***DO NOT USE THIS FORM FOR ANONYMOUS TESTING***

THIS SECTION TO BE COMPLETED FOR NON-NOMINAL TEST RESULTS ONLY

Non-Nominal Testing ☐
Non-Nominal HIV Code _____ Sex: ☐ M ☐ F ☐ Transgender

OR

THIS SECTION TO BE COMPLETED FOR NOMINAL TEST RESULTS ONLY

Nominal Testing ☐
Surname _____ Given Name _____
PHN (8 digits) _____ Sex ☐ M ☐ F ☐ Transgender
MHSC Number (6 digits) _____ Birth Date (YYYY/MM/DD) _____
Street Address _____ City/Town _____ Province _____ Postal Code _____
Alternate Locating Information _____ Telephone (home/work/cell) _____

Past History (complete when applicable)
Previously Tested for HIV ☐ Yes ☐ No ☐ Unk Previously Tested Positive ☐ Yes ☐ No ☐ Unk
Previous Non-nominal Code or Name used for positive HIV test _____ Date of last positive HIV test (YYYY/MM/DD) _____
Date of first positive HIV test (YYYY/MM/DD) _____ Where tested positive (province/country) _____
Previous anti-retroviral therapy ☐ Yes ☐ No ☐ Unk
Previous blood/tissue donation ☐ Yes ☐ No If Yes, most recent date (YYYY/MM/DD) _____ Hospital or Facility _____

Self-identified Ethnicity (check one)
☐ Caucasian
☐ Black (i.e., African, Haitian, Jamaican, etc.)
☐ Asian (i.e., Chinese, Filipino, Japanese, etc.)
☐ South Asian (i.e., East Indian, Pakistani, Sri Lankan, etc.)
☐ Arab/West Asian (i.e., Armenian, Egyptian, Iranian, etc.)
☐ Latin American
☐ Aboriginal (specify)
  ☐ First Nation on Reserve
  ☐ First Nation off Reserve
  ☐ Metis
  ☐ Inuit
☐ Other (specify) _____
☐ Refused to answer

Country of Birth
☐ Canada ☐ Other (specify) _____ Year of arrival in Canada (YYYY) _____

Risk Factors of Acquisition and Transmission (check all that apply)
Sex with: ☐ men ☐ women ☐ both
☐ sex with multiple partners _____
☐ sex trade worker
☐ sex with sex trade worker
☐ sex with anonymous partner
☐ sex with bisexual partner
☐ sex with person(s) who use injection drugs
☐ sex with known/suspected HIV-positive person
☐ sex with person from HIV-endemic country (country) _____
☐ sex outside Canada (country) _____
☐ Perinatal/Pregnant
☐ vaginal sex ☐ anal sex ☐ oral sex
☐ injection drug use (IDU)
☐ IDU outside Canada (country) _____
☐ born to HIV-infected mother
☐ recipient of blood/blood products prior to 1985
☐ recipient of blood/blood products outside Canada (country) _____
☐ occupational exposure
☐ victim of sexual assault
☐ other _____

Number of sexual contacts in the past year _____ Number of IDU contacts in the past year _____
Date of last sexual exposure (LSE) (YYYY/MM/DD) _____ Date of last IDU exposure (YYYY/MM/DD) _____ ☐ N/A
Substance use during LSE (check all that apply): ☐ alcohol ☐ IDU (specify) _____ ☐ other (specify) _____ ☐ N/A
In the past year:
- use condoms? ☐ always ☐ most of the time ☐ some of the time ☐ never ☐ N/A
- share injection equipment? ☐ always ☐ most of the time ☐ some of the time ☐ never ☐ N/A

Disease Reporting and Clinical Standards Information (check all that apply)
As per Manitoba Health and Healthy Living protocol, individuals with HIV should be tested for associated STI and BBP:

Type	Parallel STI Tests Performed on Case	Treatment Given to Case	Date of Treatment (YYYY/MM/DD)
GC	☐ Yes ☐ No ☐ Refused ☐ N/A ▶ ☐ Positive ☐ Negative	☐ Yes ☐ No ☐ Refused ☐ N/A	_____
CT	☐ Yes ☐ No ☐ Refused ☐ N/A ▶ ☐ Positive ☐ Negative	☐ Yes ☐ No ☐ Refused ☐ N/A	_____
Syphilis	☐ Yes ☐ No ☐ Refused ☐ N/A ▶ ☐ Positive ☐ Negative	☐ Yes ☐ No ☐ Refused ☐ N/A	_____
HBV	☐ Yes ☐ No ☐ Refused ☐ N/A ▶ ☐ Positive ☐ Negative	☐ Yes ☐ No ☐ Refused ☐ Immune ☐ Vaccin.	_____
HCV	☐ Yes ☐ No ☐ Refused ☐ N/A ▶ ☐ Positive ☐ Negative ☐ Indetermin.	☐ Yes ☐ No ☐ Refused ☐ N/A	_____

Has the client been informed of HIV Ab test result? ☐ Yes ☐ No
Has the client been referred to the Manitoba HIV Program and or HIV specialist or ID physician? ☐ Yes ☐ No
Has the client been informed of his/her legal obligation to notify current and future contacts of HIV status? ☐ Yes ☐ No (as per PH Legislation)
Client is aware, that unless stated otherwise, Public Health follow-up will occur? ☐ Yes ☐ Refuses Follow-up
Number of contacts to be followed by (please complete separate contact notification form for each client): _____
Contact notification to be completed by (check all that apply): ☐ Public Health ☐ Health Practitioner ☐ Client (refer to HIV Guidelines)

Form completed by (print Practitioner's name) _____ Telephone Number _____
Signature _____ Form completion date (YYYY/MM/DD) _____
Form completed by (print Public Health staff's name) _____ Telephone Number _____
Signature _____ Form completion date (YYYY/MM/DD) _____

Confidential fax: 204-948-3044 Telephone: CDC Surveillance System (204-788-6736) January 16, 2009

Page 2 of HIV Case Investigation Form

Manitoba Health and Healthy Living HIV Case Investigation Form
Instructions and Public Health Notes

Nominal testing or non-nominal testing	Ensure the correct area is used. Nominal area is shaded.
Point of Care HIV testing	If standardized parallel or confirmatory HIV testing is not completed, then POCT reactive test results require the completion of a POCT Rapid Test Result report to the CDC Branch as well as appropriate HIV follow-up and investigation
Non-Nominal Code	If the client has tested non-nominally, do not complete the name, address, or PHIN information
Address	If the client has tested nominally, please ensure that client's primary permanent address is completed. If it differs from that provided on the lab report, provincial records will be updated.
Past History	Is necessary to allow previous test results to be linked with current test (as per PHIA). This section is important for the identification of repeat testers, interprovincial follow-up (if tested previously in another province), and possible identification of newly acquired infection. A case of new HIV infection is defined as a positive test with a unique code that has not been previously associated with a positive test in Manitoba.
Ethnicity	Clients should self-identify their ethnicity (and they have the right to refuse to answer). Aboriginal-specific categories have been requested by a number of Aboriginal communities and service providers.
Risk Factors	This information is valuable epidemiologic information used to inform programme and policy. Please encourage accurate reporting by clients for *all* activities that they have ever engaged in. Immigration from an HIV endemic country is *not* considered a risk factor, but is captured under Country of Birth. Immigrants from an HIV endemic country should still identify risk factors.
Informing	Questions related to the information provided to clients re: legal obligations and referral to specialist, will be used to assess adherence to provincial protocol. If not completed, provincial public health may contact you.
MB Health Follow-Up	If the client reports a sexual assault, an occupational exposure, a blood/blood product exposure, or blood/tissue donation, Manitoba Health and Healthy Living staff may contact the person who completed the form for clarification.

Region-Specific Questions for Case Management (or "Additional Questions for Case Management")

Additional locating information: _____

Treatment information: _____

Provider information: _____

Other client information: _____

Signature: _____

ONLY THE FIRST PAGE (the surveillance information) should be sent to Manitoba Health and Healthy Living:

Fax to: Manitoba Health and Healthy Living
Public Health Notifiable Disease Surveillance System
Public Health Division, Manitoba Health and Healthy Living
4th floor – 300 Carlton Street
Winnipeg, Manitoba R3B 3M9
CONFIDENTIAL FAX: 204-948-3044
Telephone: Public Health Disease Surveillance System (204-788-6736)

The health, social and legal consequences of not following through with HIV contact notification can be significant. All contacts must be notified and reported to Manitoba Health and Healthy Living; please use the Manitoba Health and Healthy Living HIV Contact Notification Form.

APPENDIX C
HIV Descriptive Tables

Table 1a: Number of HIV Positive Cases in Manitoba

Year	Male	Female	Total
1985	3	0	**3**
1986	70	0	**70**
1987	50	3	**53**
1988	37	4	**41**
1989	57	3	**60**
1990	40	3	**43**
1991	33	6	**39**
1992	39	6	**45**
1993	55	4	**59**
1994	50	6	**56**
1995	42	9	**51**
1996	38	17	**55**
1997	60	16	**76**
1998	53	18	**71**
1999	51	20	**71**
2000	36	17	**53**
2001	39	26	**65**
2002	41	28	**69**
2003	68	39	**107**
2004	61	39	**100**
2005	73	40	**113**
2006	49	29	**78**
2007	51	24	**75**
2008	53	35	**88**
2009	58	48	**106**
Total	**1207**	**440**	**1647**

Table 1b: Number of HIV Positive Cases in Manitoba
By Age Category, Sex, and Year of Diagnosis

Age Category	Sex	2009	2008	1985-2007	1985-2009
<15	M	0	0	7	**7**
	F	0	0	11	**11**
15-19	M	1	1	17	**19**
	F	6	7	18	**31**
20-29	M	11	10	311	**332**
	F	11	8	139	**158**
30-39	M	16	18	434	**468**
	F	21	9	123	**153**
40-49	M	22	16	209	**247**
	F	5	6	42	**53**
50+	M	8	8	118	**134**
	F	5	5	24	**34**
Total	**M**	**58**	**53**	**1096**	**1207**
	F	**48**	**35**	**357**	**440**

Table 2: Number of HIV Positive Cases in Manitoba
By Geographic Residence, Sex, and Year of Diagnosis

RHA	Sex	2009	2008	1985-2007	1985-2009
Assiniboine	M	1	0	5	6
	F	0	0	1	1
Brandon	M	1	0	4	5
	F	1	1	3	5
Burntwood	M	2	2	15	19
	F	0	2	9	11
Central	M	0	3	43	46
	F	5	0	14	19
Interlake	M	1	1	36	38
	F	2	1	6	9
Norman	M	1	0	5	6
	F	0	1	1	2
North Eastman	M	2	2	12	16
	F	0	0	6	6
Parkland	M	0	0	5	5
	F	0	0	5	5
South Eastman	M	0	1	2	3
	F	0	0	1	1
Winnipeg	M	47	43	917	1007
	F	40	30	297	367
Out-of-Province	M	2	1	23	26
	F	0	0	9	9
Unknown	M	1	0	1	2
	F	0	0	2	2
Total	**M**	**58**	**53**	**1096**	**1207**
	F	**48**	**35**	**357**	**440**

Table 3: Number of HIV Positive Cases in Manitoba
By Self-Reported Ethnicity and Year of Diagnosis

Ethnic Category	2009	2008	1999-2007	1999-2009
Aboriginal	29	36	248	313
Caucasian	20	14	212	246
African/ African-American	19	13	159	191
Asian	4	2	26	32
Latin American	3	0	8	11
Other	0	3	2	5
Unknown/Missing	31	20	76	127
Total	106	88	731	925

Note: Collection of Ethnicity data began in 1999.

Table 4: Number of HIV Positive Cases in Manitoba
By Risk Exposure Category (Primary Mode of Transmission), Sex, and Year of Diagnosis

Risk Exposure Category	Sex	2009	2008	1985-2007	1985-2009
Endemic	M	3	4	84	91
	F	11	6	99	116
Heterosexual	M	15	11	204	230
	F	17	19	126	162
IDU	M	2	7	143	152
	F	3	1	91	95
MSM	M	16	17	507	540
MSM/IDU	M	2	0	56	58
NIR	M	20	14	68	102
	F	16	8	28	52
Occupational	M	0	0	2	2
	F	0	0	0	0
Perinatal	M	0	0	2	2
	F	0	0	1	1
Recp B/B products	M	0	0	30	30
	F	1	1	12	14
Total	M	58	53	1096	1207
	F	48	35	357	440

Note: Abbreviations are listed in Appendix A, page 15.

Table 5: HIV Positive Female Cases- Risk Exposure Category (Primary Mode of Transmission), 1990-2009 (Corresponds to Figure 10 of the Report)

Risk Exposure Category	1990-1999	2000-2009
Endemic	9	105
Heterosexual	45	113
IDU	39	55
NIR	6	44
Perinatal	1	0
Recp B/B products	5	8
Total	**105**	**325**

Table 6: HIV Positive Male Cases- Risk Exposure Category (Primary Mode of Transmission), 1990-2009 (Corresponds to Figure 12 of the Report)

Risk Exposure Category	1990-1999	2000-2009
Endemic	16	71
Heterosexual	80	143
IDU	72	78
MSM	223	148
MSM/IDU	29	13
NIR	27	72
Occupational	0	2
Perinatal	2	0
Recp B/B products	12	2
Total	**461**	**529**

Note: Abbreviations used are listed on p.17.

APPENDIX D
AIDS Descriptive Tables

Table 1: Number of Reported AIDS Cases and Deaths in Manitoba by Year of Diagnosis

Year	Number of Reported Cases	Number of Reported Deaths
1985	1	1
1986	13	13
1987	9	9
1988	5	5
1989	16	13
1990	10	10
1991	26	21
1992	15	13
1993	15	13
1994	16	12
1995	15	12
1996	15	9
1997	4	3
1998	10	8
1999	12	9
2000	9	9
2001	10	6
2002	12	5
2003	16	8
2004	10	4
2005	9	5
2006	14	7
2007	7	3
2008	6	3
2009	2	0
Total	277	201

Note: This data includes only those AIDS cases and deaths of AIDS cases that have been reported to Manitoba Health. Delays in reporting may occur, and not all deaths are necessarily reported. Causes of death may or may not be directly related to AIDS illness, such as in the event of death due to injury or self-harm.
Please see Appendix A of this report for further reporting detail.

Table 2: Number of Reported AIDS Cases in Manitoba by Age Category, Sex, and Year of Diagnosis

Age Group	Sex	2005-2009	2000-2004	1985-1999	1985-2009
Under 15	F	1	0	1	**2**
	M	0	0	2	**2**
15-19	F	0	0	0	**0**
	M	0	0	1	**1**
20-24	F	1	1	1	**3**
	M	0	1	5	**6**
25-29	F	2	3	1	**6**
	M	2	2	24	**28**
30-39	F	8	5	6	**19**
	M	6	18	83	**107**
40-49	F	3	5	3	**11**
	M	10	13	32	**55**
50+	F	1	1	2	**4**
	M	4	8	21	**33**
Total	F	**16**	**15**	**14**	**45**
	M	**22**	**42**	**168**	**232**

Note Tables 2-5 have been aggregated into five-year groups due to small annual case counts in the past five years (2005-2009).

Table 3: Number of Reported AIDS Cases in Manitoba by RHA of Residence, Sex, and Year of Diagnosis

RHA Name	Sex	2005-2009	2000-2004	1985-1999	1985-2009
Assiniboine	F	0	0	0	0
	M	0	0	3	3
Brandon	F	0	0	0	0
	M	1	0	4	5
Burntwood & Churchill	F	1	2	0	3
	M	0	0	1	1
Central	F	0	0	0	0
	M	0	0	0	0
Interlake	F	0	0	0	0
	M	0	1	3	4
Norman	F	0	0	0	0
	M	0	1	1	2
North Eastman	F	0	1	0	1
	M	1	0	0	1
Parkland	F	0	0	1	1
	M	0	1	2	3
South Eastman	F	0	0	0	0
	M	0	1	0	1
Winnipeg	F	15	12	13	40
	M	20	38	150	208
Out-of-Province or Unknown	F	0	0	0	0
	M	0	0	4	4
Total	**F**	**16**	**15**	**14**	**45**
	M	**22**	**42**	**168**	**232**

Table 4: Number of Reported AIDS Cases in Manitoba by Risk Factor Category (Primary Mode of Transmission) Among Female Cases

Risk Factor Category Females	2005-2009	2000-2004	1985-1999	1985-2009
Recip B/B products	0	0	2	2
Endemic	4	4	2	10
Heterosexual	6	5	7	18
IDU	6	6	2	14
Perinatal	0	0	1	1
Total	**16**	**15**	**14**	**45**

Table 5: Number of Reported AIDS Cases in Manitoba by Risk Factor Category (Primary Mode of Transmission) Among Male Cases

Risk Factor Category Males	2005-2009	2000-2004	1985-1999	1985-2009
Recip B/B products	0	1	14	15
Endemic	1	1	2	4
Heterosexual	6	15	10	31
IDU	2	11	7	20
MSM	10	12	123	145
MSM/IDU	0	1	9	10
NIR	3	1	2	6
Perinatal	0	0	1	1
Total	**22**	**42**	**168**	**232**

Abbreviations:
MSM: men who have had sex with men
IDU: injection drug use
Heterosexual: includes persons reporting heterosexual activity with person(s) at risk of HIV infection
Endemic: includes persons originating from or having traveled from or resided in an HIV-endemic country
Recp B/B products: recipient of blood/blood products
NIR: no identified risk